

# Work Order ID 69987

Wednesday, May 25, 2011 10:36:03 AM



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Item ID: D205-634-011

Accept



Setup Start



Revision ID:

Stop



Item Name: Skidtube

Start Date: 5/25/2011 Start Qty: 1.00



Cust Item ID:

Required Date: 6/10/2011 Req'd Qty: 1.00

Customer:

Reference:

Run Start



Approvals:

Process Plan:

*H*

Date: 11-05-25

Tooling:

Date:

QC:

Date:

SPC (Y/N):

Date:

Stop



Sequence ID/  
Work Center ID

Operation  
Description

Set Up/  
Run Hours

Tool ID

Tool #

Plan  
Code

Accept  
Qty

Reject  
Qty

Reject  
Number

Insp.  
Stamp

Draw Nbr

Revision Nbr

IIN D205-634

Rev F

100

0.00



DC

Document Control

Memo

Photocopy bluefile & type labels per PPP D205-634-011

CHG 009

CHG 007

*S ulok 130*

*dar BG 11-6-20*

110

Pick Kit

0.00



Packaging

Packaging

Memo

0.00

*4/8/30*

120

QC4- 100% Inspect kits for completeness

0.00



QC

Quality Control

Memo

0.00

*S ulok 130*

*HL*

**B70223**

W/O:		WORK ORDER CHANGES					
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

Part No: \_\_\_\_\_ PAR #: \_\_\_\_\_ Fault Category: \_\_\_\_\_ NCR: Yes No DQA: \_\_\_\_\_ Date: \_\_\_\_\_

Resolution: \_\_\_\_\_ Disposition: \_\_\_\_\_ QA: N/C Closed: \_\_\_\_\_ Date: \_\_\_\_\_

NCR:		WORK ORDER NON-CONFORMANCE (NCR)						
DATE	STEP	Description of NC Section A	Corrective Action Section B			Verification Section C	Approval Chief Eng	Approval QC Inspector
			Initial Chief Eng	Action Description Chief Eng	Sign & Date			

**NOTE:** Date & initial all entries

**Work Order ID 69987**

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Item ID: D205-634-011

Accept



Setup Start



Revision ID:

Stop



Item Name: Skidtube

Start Date: 5/25/2011 Start Qty: 1.00



Cust Item ID:

Required Date: 6/10/2011 Req'd Qty: 1.00



Customer:

Reference:

Run Start



Approvals: Process Plan: \_\_\_\_\_ Date: \_\_\_\_\_ Tooling: \_\_\_\_\_ Date: \_\_\_\_\_

Stop



QC: \_\_\_\_\_ Date: \_\_\_\_\_ SPC (Y/N): \_\_\_\_\_ Date: \_\_\_\_\_

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
130		0.00							
	Packaging								
Packaging	Memo Identify and pack for shipping as per PPP D205-634-011 Location: _____ PPP rev: _____ <i>m</i>	0.00							<i>5/25/11 @</i>
140	QC21- Final Inspection - Work Order Release	0.00							
	QC								
Quality Control	Memo	0.00							<i>11/6/30</i>

*11-06-30*

W/O:		WORK ORDER CHANGES					
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

Part No: \_\_\_\_\_ PAR #: \_\_\_\_\_ Fault Category: \_\_\_\_\_ NCR: Yes No DQA: \_\_\_\_\_ Date: \_\_\_\_\_

Resolution: \_\_\_\_\_ Disposition: \_\_\_\_\_ QA: N/C Closed: \_\_\_\_\_ Date: \_\_\_\_\_

NCR:		WORK ORDER NON-CONFORMANCE (NCR)						
DATE	STEP	Description of NC Section A	Corrective Action Section B			Verification Section C	Approval Chief Eng	Approval QC Inspector
			Initial Chief Eng	Action Description Chief Eng	Sign & Date			

**NOTE:** Date & initial all entries

# Picklist Print

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Work Order ID: 69987

Parent Item: D205-634-011

Parent Item Name: Skidtube



Start Date: 5/25/2011

Required Date: 6/10/2011

Start Qty: 1.00

Required Qty: 1.00

Comments: IPP Rev:P02.08.28 Removed QC5 from Step 5 KJ  
 IPP Rev:Q 08-08-12 now @ chg 006 (DSI 9417) DD verf:EC  
 IPP Rev R 09.01.28 now chg 007 DSI9417 revB EC verf:DD IPP Rev:S  
 10.12.01 as per chg008 DD verf:EC

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
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D205-634-041

Manufactured

No

110

Each

4.0000

1

1



Replacement Skidtube



70223

*[Signature]*

Location

Loc Qty

Loc Code

FG073

4

67053

1

67355

1

67528

1

67530

1

K10003

*CH007*

Manufactured

No

110

Each

1.0000

1

1



Saddle, D205-634-011



67967

*[Signature]*

Location

Loc Qty

Loc Code

PKG

1

57963

0

66169

1

W/O:		WORK ORDER CHANGES					
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

Part No: \_\_\_\_\_ PAR #: \_\_\_\_\_ Fault Category: \_\_\_\_\_ NCR: Yes No DQA: \_\_\_\_\_ Date: \_\_\_\_\_

Resolution: \_\_\_\_\_ Disposition: \_\_\_\_\_ QA: N/C Closed: \_\_\_\_\_ Date: \_\_\_\_\_

NCR:		WORK ORDER NON-CONFORMANCE (NCR)						
DATE	STEP	Description of NC Section A	Corrective Action Section B			Verification Section C	Approval Chief Eng	Approval QC Inspector
			Initial Chief Eng	Action Description Chief Eng	Sign & Date			

**NOTE:** Date & initial all entries